

# MANUFACTURER'S MONTHLY SALES REPORT

FROM:

License No: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

SUBMIT BY  
10th of Month  
To:

STATE OF ALABAMA  
ALABAMA MANUFACTURED HOUSING COMMISSION  
350 SOUTH DECATUR STREET  
MONTGOMERY, ALABAMA 36104  
TELEPHONE: (334) 242-4036 FAX: (334) 240-3178

I certify that the following manufactured homes were sold  
during the month of \_\_\_\_\_, 20 \_\_\_\_  
Signed: \_\_\_\_\_

LINE NO.	COMPLETE HUD LABEL NUMBER	COMPLETE MANUFACTURER'S SERIAL NUMER	WIND ZONE	LENGTH	WIDTH	DATE OF MFT.	DEALER'S NAME	DEALER LICENSE NUMBER	DEALER CITY
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

\* SUBMIT IN DUPLICATE